2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-04-2008 90057 029 ***150.00 DOCUMENT #V30000 JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A. **AUULII **** Principal Place of Business Mailing Address 1325 SAN MARCO BLVD. 1325 SAN MARCO BLVD. SUITE 200 SUITE 200 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (12/06) 01072008 Chq-P Applied For City & State City & State 4. FEI Number 59-3120987 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHARF, MICHAEL S., M.D. Street Address (P.O. Box Number is Not Acceptable) 1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE, FL 32207 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME SCHARF, M.D. MICHAEL S NAME STREET ADDRESS STREET ADDRESS 1325 SAN MARCO BLVD. CITY - ST - ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP ☐ Change STD ■ Addition Oelete TITLE TITLE LUCIE, M.D., R. STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 1325 SAN MARCO BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE ERO, SUNDAY U NAME STREET ADDRESS 1801 BARRS STREET, #300 STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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JACKSONVILLE, FL 32204

PUJADAS, M.D., WILLIAM G

1325 SAN MARCO BLVD.

JACKSONVILLE, FL 32207

TANDRON, M.D., CARLOS R

1325 SAN MARCO BLVD. JACKSONVILLE, FL 32207

HARDY, PHILIP R MD

JAX. FL

1325 SAN MARCO BLVD

FILED Feb 04, 2008 8:00 am

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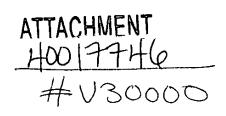
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**ATTACHMENT

CORP NUMBER: V30000

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.
CORPORATION ANNUAL REPORT
FEI NUMBER 59-3120987
OFFICERS AND DIRECTORS



T2 NAME	11	ADDITIONS TO OFFICERS AND DIRECTORS IN 10	
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14.1 TITLE	13.3 STREET ADDRESS	410 JACKSONILLE DRIVE	
14.2 NAME	13.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	
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14.4 CITY-ST-ZIP	14.2 NAME	WHITAKER, MD, DALE A.	
15.1 TITLE	14.3 STREET AODRESS		
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